

CITY OF VERNONIA
1001 Bridge St
Vernonia OR 97064

Phone No. 503-429-5291
Fax: 503-429-4232
www.vernonia-or.gov

Employment Application

Date: ____/____/____ **Position Applied for:**
How were you referred to us:

Full Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Phone:(____) _____ **Cell/ Other:** _____

Email: _____

Date Available to Start: _____ **Do you wish this application to be kept confidential** Yes No

Have you every worked for this company: ☐ Yes ☐ No **If yes, when?** _____

Are you a citizen of the United States? ☐ Yes ☐ No _____

If not, are you legally allowed to work in the United States? ☐ Yes ☐ No _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal _____

Have you ever pled "guilty," "no contest," or been convicted of a felony? ☐ Yes No _____

If Yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered. Back ground will be done on all potential employees.

Driver's License Number if applicable to position: _____ **State:** _____

EDUCATION:

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** ☐ Yes ☐ No **Degree:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** ☐ Yes ☐ No **Degree:** _____

Other: _____ **To:** _____ **Did you graduate:** ☐ Yes ☐ No **Degree:** _____

Special Skills or Qualifications: _____

Previous employment (begin with most recent position):

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

THE CITY OF VERNONIA IS AN EQUAL OPPORTUNITY EMPLOYER